FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

JUPITER FL 33458

612 NORTH ORANGE AVENUE SUITE A-11

PROFIT CORPORATION ANNUAL REPORT

1999

612 NORTH ORANGE AVENUE SUITE A-11

Principal Place of Business

JUPITER FL 33458



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000050471

CRT ENGINEERING SERVICES, INC.

3. Date Incorporated or Qualifed 06/04/1998 Applied For 2a. Mailing Address FEI Number 2. Principal Place of Business Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zio Country Zip 8. This corporation owes the current year Intangible 30 Personal Property Tax. 25 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent METZGER, JOHN T Street Address (P.O. Box Number is Not Acceptable) 250 AUSTRALIAN AVENUE SOUTH SUITE 700 WEST PALM BEACH FL 33402-2926 84 85 Zip Code City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of fice or registered agent, or both, in the State of Florida: Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, 12. ☐ Change DELETE 1.1 TITLE TITLE 1.2 NAME NAME COSTA, JORGE 13 STREET ADDRESS 612 NORTH ORANGE AVENUE SUITE A-11 STREET ADDRESS JUPITER FL 33458 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 2.1 TITLE Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

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6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

STREET ADDRESS

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(11/98)CR2E034

FILED

May 07, 1999 8:00 am Secretary of State

05-07-1999 90014 038 ***150.00

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